

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/763350** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4					1	
5						1
6						1
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8						1
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TOTAL IND.			1			
TOTAL DEP.			11			
TOTAL CLAIMS			12			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1			
TOTAL DEP.			11			
TOTAL CLAIMS			12			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS